U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or divided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAR	REFULLY BEFORE PREPARING THE	S REPORT.	
E			
1 File Number U - 25/77	2. Fiscal Year Covered From	2. Fiscal Year Covered From	
	1 / 1 / :	2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name JAMES O REXROAT	Name [AM/AW DISTR	Name IAM/AW DISTRICT LODGE 776	
	Labor Organization File N.	mber 023-621	
P.O. Box, Bldg. Room No., if any	P.O. Box, Building and Ros	P.O. Box, Building and Room Number, if any	
Street 117 VERNA TRAIL SOUTH	Street 555 MORTH GF	ANTS LANE	
City FORT WORTH	City FORT WORTH		
State Texas ZIP Code + 2 76108	State Texas	ZIP Code + 4 76108	
5. Position in labor organization. ASSISTANT DIRECTING BUSING			
ASSISTANT DIRECTING BUSIN	our speuse or minor child directly or in the exclusions set forth in the instruct c with, or derived income or other eco anization represents or is actively	ns): Priomic benefit of Seeking to represent.	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trus, in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business dea's with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name if any).	Meals included as part of all day negotiations of the local collective bargaining agreement. Dates:10/20/05, 11/01/05, 11/30/05, 11/07/05, 11/08/05, 11/09/05, 11/10/05, 11/11/05.	
Name EFW, INC.		
Trade Name, if any:	I disagree and dispute the paid amount reported on LM10 from EFW.	
P.O. Box, Bldg., Room No., if any		
Street 4700 MARINE CREEK PARKWAY		
City FORT WORTH		
State Texas ZIP Code + 4 76179		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$28	

12.b. Amount.